1/9/23, 3:08 PM

lorida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000010765 3)))



H230000107653ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | Division of Corporations | | |
|--------|--------------------------|--|--|
| | | : (859)617-6381 | |
| From: | | | |
| | Account Name | : EXPRESS CORPORATE FILING SERVICE INC. | |
| | Account Number | : 12000000146 | |
| | Phone | : (305)444-4994 | |
| | Fax Number | : (305)328-4774 | |
| | | | |
| *Enter | the email address | for this business entity to be used for future | |
| an | nual report maili | ngs. Enter only one email address please.** | |
| Em | ail Address: | | |

FLORIDA PROFIT/NON PROFIT CORPORATION PRESTIGE PYRAMID CONSTRUCTION AND REMODELING INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu Corporate Filing Menu

Help





•

*

Ļ

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be: PRESTIGE PYRAMID CONSTRUCTION AND REMODELING INC

| | TPAL OFFICE Principal street address Mailing address | | different is: |
|--|--|---|---|
| 00 NW 24st AVE | | | |
| MIAMI, FL 33142 | | | |
| TICLE III PURI e purpose for which | POSE the corporation is organized is: ANY A | ND ALL LAWFUL BUSINESS | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| - | | | |
| he number of shares of stock is: 100 | | | |
| | | | •• |
| | | Ť | • |
| | IAL OFFICERS AND/OR DIRECTORS | | |
| | tle: MARLON LUIS ULLOA (P) | | |
| | | Name and Title: | **** |
| Name and T | tle: MARLON LUIS ULLOA (P) | Name and Title: | |
| Name and T | tic: MARLON LUIS ULLOA (P) 2400 NW 24st AVE | Name and Title: | **** |
| Name and Ti | tic: MARLON LUIS ULLOA (P) 2400 NW 24st AVE | Name and Title:Address: | - : - : - : - : - : - : - : |
| Name and Ti | tic: MARLON LUIS ULLOA (P) 2400 NW 24st AVE MIAMI, FL 33142 tic: JUAN CARLOS GODOY (VP) | Name and Title: Address: Name and Title: | |
| Name and Ti Address Name and Ti | tic: MARLON LUIS ULLOA (P) 2400 NW 24st AVE MIAMI, FL 33142 tic: JUAN CARLOS GODOY (VP) | Name and Title: Address: Name and Title: Address: | |
| Name and Ti Address Name and Ti | tile: MARLON LUIS ULLOA (P) 2400 NW 24st AVE MIAMI, FL 33142 LIC: JUAN CARLOS GODCY (VP) 2400 NW 24st AVE | Name and Title: Address: Name and Title: Address: | |
| Name and Ti Address Name and Ti Address | ARLON LUIS ULLOA (P) 2400 NW 24st AVE MIAMI, FL 33142 LIC: JUAN CARLOS GODOY (VP) 2400 NW 24st AVE MIAMI, FL 33142 | Name and Title: Address: Name and Title: Address: | (1) |
| Name and Ti Address Name and Ti Address | tile: MARLON LUIS ULLOA (P) 2400 NW 24st AVE MIAMI, FL 33142 LIC: JUAN CARLOS GODCY (VP) 2400 NW 24st AVE MIAMI, FL 33142 | Name and Title: Address: Name and Title: Address: Name and Title: | |
| Name and Ti Address Name and Ti Address | ARLON LUIS ULLOA (P) 2400 NW 24st AVE MIAMI, FL 33142 LIC: JUAN CARLOS GODOY (VP) 2400 NW 24st AVE MIAMI, FL 33142 | Name and Title: Address: Name and Title: Address: Name and Title: | (1) |

| Name and Title: | | Name and Titie: | |
|--|---|---|----------------------------------|
| Address | | Address: | |
| | | | |
| | | | |
| | | | |
| | REGISTERED AGENT orida street address (P.O. Box NOT accepta | thle) at the registered agent is: | |
| Name: | MARLON LUIS ULLOA | | |
| Address: | 2400 NW 24st AVE | | |
| | MIAMI, FL 33142 | | |
| ADTICLE VII | INCOMERGE CTOR | | |
| | INCORPORATOR Idness of the Incorporator is: | | |
| Name: | MARLON LUIS ULLOA | | 20.7 |
| Address: | 2400 NW 24st AVE | | ٠, |
| | MIAMI, FL 32142 | | ÷ |
| | | | j |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: | | (OPTIONAL) | |
| (If an effective d | other than the date or thing: late is listed, the date must be specific and | cannot be more than five days prior or | 00 days after the |
| filing.) | are is issued the time mast be specific and | thin the more than any prior or | 7. |
| ,,,, | | | €C |
| Note: If the date the document's e | inserted in this block does not meet the app ffective date on the Department of State's re | icable statutory filing requirements, this da cords. | ite will not be listed as |
| Having been nam certificate, I am f | ned as registered agent to accept service of pro- gnitiar with and accept the appointment as r | ocess for the above stated corporation at the egistered agent and agree to act in this cap | place designated in this wity |
| | | | |
| 1 | Required Signature/Registered Ages | at | Date |
| I submit this doc | ument and affirm that the facts stated here Department of State constitutes a third degree | in are true. I am aware that the false info e felony as provided for in s.817,155, F.S. | rmation submitted in a |
| Required Signaty | fe/Incorporator | Date | |
| | | | |

2023-01-10 14:53:54 GMT